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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	≥ #)
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COVER LETTER

TO: Registration Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·		
SUBJECT: JUPITER WORLDW (Name of	IDE, LLC of Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.		
Please return all correspondence concern	ing this matter to the following:		
MELANIE DOYAL			
(Name of Person)	-		
CORPORATE DIRECT, INC. (Firm/Company)	· · · · · · · · · · · · · · · · · · ·		
2248 MERIDIAN BLVD., STE. I	H		
(Address)			
MINDEN, NV 89423			
(City/State and Zip Code)			
For further information concerning this m	natter, please call:		
MELANIE DOYAL	at (775) 782-1307		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the follo	wing amount:		
	\$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability com	pany is: JUPITER	WORLDWIDE, LLC	
2. The mailing address of the limited lia		·	D., STE. H
MINDEN, NV 89423			
WIITELT, 111 00-120		5 9 7	
10/29/2004		M04000004746	
3. Date of filing/registration in Florida	The second of th	4. Document number	
5. The name of the registered agent and Florida Department of State:	the registered office	e address as shown on the	e records of the
	RP INCORPOR	RATED	
171141001	Name	<u> </u>	•
226 EAST			
_ <u>Z30 EAST</u>	6TH AVENUE		* -
	Address		75 O
TALLAHASSEE, FL 32303		I S	
	City, State and Z	Zip	字 号 一
6. The name and address of the new regi	istered agent and/or	office:	HASSE HASSE
GERRI DE	TWEILER		AM IO: 27 SEE: FLORID
	Name		(C) (C)
1037 GREYSTONE LN. 習旨 🗅			음을 2
Florida stree	et address (P.O. Box	NOT acceptable)	A'''
SARASOTA			 .
	City, State and Zi	p	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

M. LAMAR FERGUSON

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00